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FACSIMILE TRANSMITTAL

Date: June 27, 2005
To: Examiner Jonathan Schlaifer
Organization: U.S. Patent and Trademark Office
Fax Number: (703) 872-9306
Phone Number: (571) 272-4129
From: Kelvin M. Vivian, Reg. No. 53,727
Re: 09/879,024 – Amendment Response
(IBM – 2182P)

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This is page 1 of 14 pages.

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CA920010014US1/2182P

In re the application 09/879,024

Confirmation No: 3395

Serial No: 09/879,024

Group Art Unit: 2178

Filed: June 11, 2001

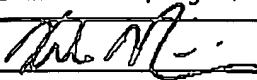
Examiner: Schlaifer, Jonathan

For: METHOD AND SYSTEM FOR CONVERTING USER INTERFACE SOURCE CODE OF A LEGACY APPLICATION TO WEB PAGES

ENCLOSURES (check all that apply)					
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for <u>one (1) month</u> , from June 22, 2005, to July 22, 2005.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	16	20	0	\$ 50.00	\$ 0.00
Independent Claims	5	5	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$ <u>120.00</u> to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP) for payment of 1 mo. extension fee.
<input type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Kelvin M. Vivian, Reg. No. 53,727
Signature	
Date	June 27, 2005

CERTIFICATE OF FACSIMILE	
I hereby certify that this correspondence is being faxed to Examiner Jonathan D. Schlaifer (703-872-9306) at the USPTO, on June 27, 2005.	
Type or printed name	Irena Nikolova
Signature	